

QUEEN MARY'S HOSPITAL FOR CHILDREN

CARSHALTON BEECHES, SURREY



Advice to Parents of Cerebral Palsied Children

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QUEEN MARY'S HOSPITAL
FOR CHILDREN

Carshalton, Surrey

CEREBRAL PALSY UNIT

SECOND IMPRESSION - 1950



Foreword

It is perhaps advisable that a short introduction should be given as to the purpose of this pamphlet.

The Cerebral Palsy Unit at Queen Mary's Hospital for Children was opened seven years ago (1st January, 1943) as an experimental unit to investigate the question of treatment of cases of cerebral palsy and was the first unit of its kind to be opened in Great Britain. The treatment given was based on that used by Dr. Phelps in his clinic at Baltimore, U.S.A., but has since been modified. The experience gained in these six years has therefore been very considerable—children have been sent to us from all over the world.

Like all experimental units things did not work out quite as planned at first, and extensive modifications, alterations, developments in technique and improvements have been introduced until now it is established on satisfactory lines.

One of the extensions that was found to be necessary was the Advice Clinic which is held at Lambeth Hospital, where children from all over the country and world are seen, assessed as to their suitability for treatment, and where the parents or relatives are advised as to how they should deal with their children.

It is largely as a result of this work and the experience gained there that it was felt that a pamphlet on these lines would be of assistance to parents and it is for this reason that it is produced and it is hoped that it will be helpful.

QUEEN MARY'S HOSPITAL FOR CHILDREN,
CARSHALTON, SURREY

CEREBRAL PALSY UNIT

Advice to Parents of Cerebral Palsied Children

[For the words he/his must be read she/her if your child is a girl]

Points illustrated marked *

Question What is Cerebral Palsy?

Answer Cerebral Palsy is the medical term for difficulty in movement resulting from brain damage. There is nothing to be ashamed or frightened of in this condition and you can help your child very much and help to keep him from becoming deformed and helpless; or, if he is already much handicapped you can gradually get him better if you will carefully follow our advice. There are three main types of cerebral palsy, spastic, athetoid and ataxic.

Question What is meant by "spastic"?

Answer "Spastic" is a term used to indicate that the **power** to move normally has been put out by the injury to the brain. The child will never be able to use the damaged brain cells and must, therefore, be taught to use those which remain: he will gradually learn to move properly and at a normal speed.

Your child is/is not a "Spastic."

Question What is meant by "athetoid"?

Answer "Athetoid" means that although the child has the power to move normally he cannot **control** his movements because the part of the brain which does this for him has been damaged. Since he will never be able to use the damaged brain cells he must be taught to control the movements by other means. He must learn to think out each movement very slowly and gradually work up to a normal speed.

Your child is/is not an "athetoid."

Question What is meant by "ataxic"?

Answer "Ataxic" means that although the child has the power and possibility of moving correctly he cannot judge

how to put his limbs and body correctly for doing things because part of his brain which does that for him has been damaged. He must learn how to arrange his limbs and body by seeing in a mirror and then learning by heart the various positions.

Your child is/is not "ataxic."

Question Are there any other types of cerebral palsy?

Answer Yes, but either they can be treated in one of the above ways or they are not treatable.

Question Are cerebral palsied children mentally defective?

Answer Most of them are not, but they are behind other children in doing things or cannot do them at all or can do them, but only very badly, because of their difficulty in moving. If they are mentally backward, apart from their movement difficulty, they can still be helped to some extent by their parents until they are ready to go to special schools for backward children.

Question When should treatment of intelligent children with cerebral palsy be begun?

Answer Treatment of a special kind should be begun, if possible, while the child is a baby **before** he tries to use ordinarily a brain which has been damaged and cannot, therefore, ever act in quite the way an undamaged brain acts. If he is not treated early he will try unsuccessfully to act as other babies do and so become stiff and awkward and end up by looking like a defective child and acting in a noticeably odd way. The normal baby grows, develops, changes his position and uses his muscles so that his spine and legs and arms become straight and his head is held erect. Exercise makes his chest expand and his limbs warm. Chewing and swallowing his food nourishes him. Using his face muscles gives him a bright, intelligent expression. Moving about brings him into touch with everything around him and so he learns.

If he can't do these things he will be backward, whether or not he is really intelligent.

Question How long should treatment go on and how often must it be given?

Answer Since the damage to the brain cells is permanent the cause of the handicap is always present in the child; treatment, therefore, must be continued until childhood

is over and the patterns of movement and balance are fixed.

This does not mean that the child will go right back to helplessness if he does not get his treatment, but it does mean that the brain damage will show up again to some extent if treatment is dropped.

Special treatment should be given every day for as long a period as he can concentrate. Some children can only concentrate for a few seconds. You have to build this up until they can work for half-an-hour solidly every day. To help their concentration it is wise to work in a warm, quiet room. Warmth also helps movement; if you are cold you get stiff.

But the most important aspect is the daily posture and appearance of your child. If he looks right he is right. So pay very close attention always to how you put him in his chair and how he sits, how you carry him, how you feed him, how you bath him, and what toys he plays with.

Question How can he be made to look right?

Answer When a baby lies in the womb he has a round back and a bent head and folded limbs because he has developed in a sort of bag into which he fits (Fig. 1).^{*} When he is born he is in different surroundings and normally his back and head and limbs change to suit his developing behaviour; he sits up, looks round, picks up toys, moves his legs; and with such movements strengthens all his body and changes all his shape (Fig. 2).^{*}

Your child cannot do this automatically and you must teach him step by step as if you were teaching him a special skill—for instance, learning a trade or how to ride a horse. As you teach him bit by bit so he will come to look right and in his new position he will be able to act rightly (Fig. 3).^{*}

Question How should he be carried? How should he sit?

Answer Carry him over your shoulder (Fig. 4).^{*} Never in your arms. When a baby ceases to nurse at the breast (Fig. 5)^{*} he ceases to be a baby and becomes a child (Fig. 6).^{*} When you give him meals he should sit on the knee away from the feeding side and you should keep your other arm across his back with your hand over his outside arm so that you can control him. When he is over nine months he can go into a chair (Fig. 7)^{*} to be fed,

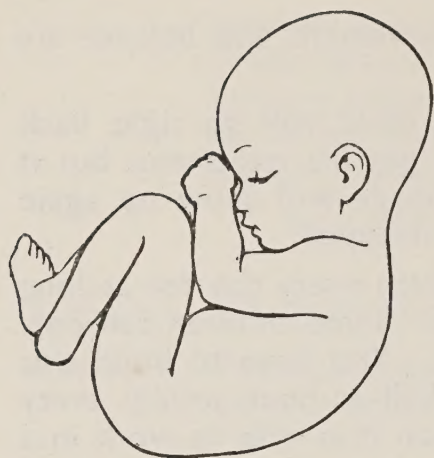


Fig 1. Baby in Womb..



Fig 2. Seven months old baby.



Fig 3 Year old Child.



Fig 4. Correct Carrying Position..

and in this chair he must sit on his bottom, not on the end of his spine. To effect this it is often wise to use groin straps of some soft material for a few weeks or months. The chair must have a well fitting back and arms and a step of exactly the right height. The table must be of such a height that the child has the power to play with his toys with his shoulders down and level, i.e., it must not be too high so that he has to reach up nor too low so that he has to reach down. Chair and table should be close so that he does not lean forward (Fig. 8).* A rim round the table is a good idea for babies: and a tray with slots for plate and mug helps those who can feed themselves at first, so do a fat-handled spoon and fork (Fig. 9).*

Question Can he crawl or try to walk around by furniture? Can he have a "walker"?

Answer In correct walking the body weight must be centred over the standing leg so that the other leg is automatically in place for the next step (Fig. 10).* If the weight is thrown forward on to a support or if the baby drags himself around on his arms instead of crawling normally in infancy his weight is misplaced and if he persists in this he will never learn to walk properly. So do not let him crawl, hold on to you or to furniture or use a walker.

Question How can he be prevented from falling?

Answer He can't. You must teach him to fall properly. To fall softly he must begin from the lying position, lifting and dropping head and shoulders, then fall from the sitting, then fall from the kneeling position and lastly work up to falling from standing. Then he will be quite safe if he gets pushed and you need not hover round to protect him all the time. He can also learn to roll in babyhood and he should be played with and tossed about like any other baby so long as you accustom him to it gradually.

Question What about speech? And dribbling?

Answer Speech difficulty, dribbling, and difficulty in swallowing are all part of movement difficulty and will decrease with proper general training but special help can be given as well.

Speech difficulty has two causes: it may be due to faulty movement of actual speech parts or to faulty breathing or to both. And both breathing and speech muscles



Fig 5. At the breast age 4 months.



Fig 7. 12 months old.

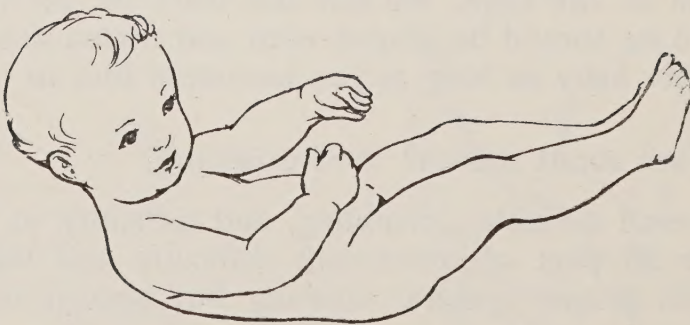


Fig 6. Aged 8 months.

must be trained with all the rest of the body: so must the chewing mechanism. Dribbling and swallowing difficulty are one thing. Teach swallowing by gently closing the child's mouth and stroking his throat till he gulps—like giving a dog a pill. Once he has done it he will learn to do it all the time if you give him a bit of help once a day and then he won't dribble and will swallow his food. Get him off a bottle this way and by ten months of age he will be eating from a spoon like any other baby. Older children take a bit longer to train in everything and never quite catch up, however clever they are, but intelligent babies catch up to normal very fast if they are properly trained. Do not continue to feed your child as he grows older just because self-feeding is messy. Training in movement will get rid of the messiness and anyway if he is always fed he will never learn this normal act.

Question What should parents tell their friends is the matter with the child?

Answer They should say he has a difficulty in moving because of birth accident (or whooping cough or whatever caused the trouble in the first place). People quickly understand and are then very helpful in their attitude. Otherwise they may be pitying or careless or both in his presence. It is best to put them right at once when they meet the child out shopping or at home or in the park.

Question Does the child need more rest because he is like this?

Answer No, he does not. He may get more tired because he has to learn more than do other babies; and if he is tired he will want to rest a bit. Put a blanket right under the cot mattress and when you put him to rest put a mackintosh over the bed-clothes and an old sheet over that if he still wets. Turn him on one side one day with a pillow at his back (but not under his head) and on the other side next day; and fold the blanket over each way and pin it. He will then be warm and safe and will drop off to sleep. When he is awake always keep him occupied. Unoccupied normal children often develop unpleasant habits and cerebral palsied children are even more liable to do so when untreated because their muscle condition becomes worse and their legs often rub together. A corrected posture and an occupied mind will solve this problem very quickly.

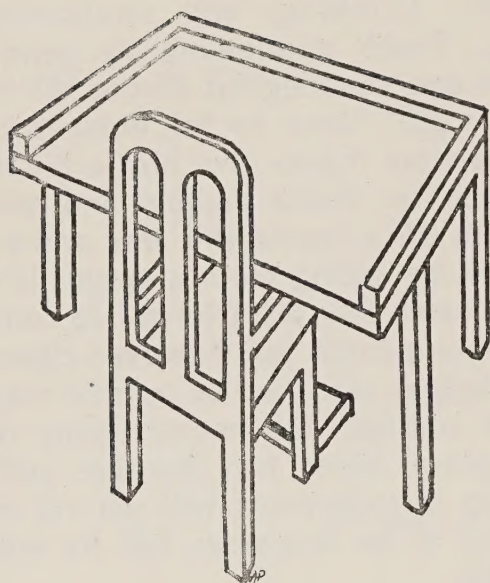


Fig 8. Suitable Chair and Table.

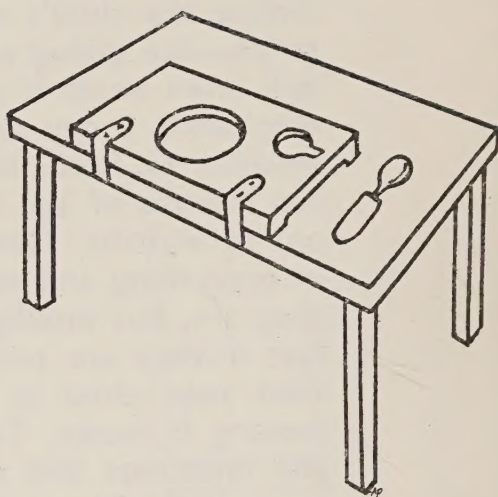


Fig 9. Feeding Tray.

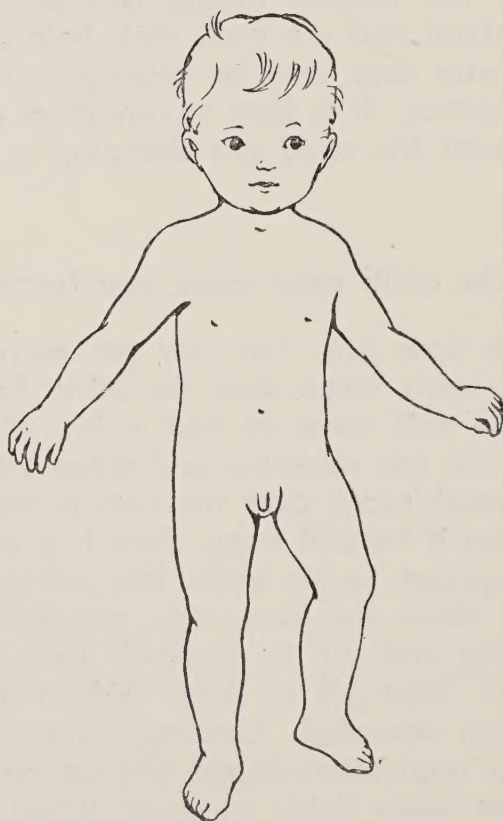


Fig 10. Standing Balance.

Question Will he learn to be clean?

Answer Yes, if he is taught. Use a chair, with a hole in it and arms and a strap across, over the chamber-pot (Fig. 11)* and turn on the bath tap a minute. He will soon learn to be clean if he is safe and can let go his bladder and bowels comfortably. Some of the spastic type of cerebral palsied babies are difficult to train because the **power** to control muscles is also lacking for these special muscles, but they learn in time. You have to take them the minute they show their need and gradually they get control over these muscles along with the rest. This may, however, take a long time so do not expect immediate results.

Question When is the best time to do his daily treatment?

Answer When you and he are both fresh and have plenty of time. Either father or mother can take it over; whoever is free and has more interest. If both are interested all the better, you can take it in turns.

Question Should other children know that this child is different?

Answer Yes, they will see it anyway. Cerebral palsy is a condition for all the family to face up to and help with. Normal children are very sharp and it is best to remind them from time to time that their brother or sister needs special help; but let them fight out their own quarrels. Don't spoil the handicapped one. He also will have to live in the world as it is (Fig. 12).*

Question What is the daily treatment?

Answer Spastic—routine I attached.

Athetoid—routine II attached.

Ataxic—routine III attached.

It will be altered a little at each of your visits to the Advice Clinic as the child makes progress.

Question Who will make the special chair, etc.?

Answer You can adapt home furniture yourself and as time goes on modify it back to normal. See illustrations attached.

Question Will the child ever go to school?

Answer Yes. Either a normal or a special school according to his progress and your care of him. He may, especially if he is a spastic, have certain particular educational problems to face — he may “mirror - write” or write backwards or upside down and may have sight or hearing difficulties to cope with. But both our clinic and your school will arrange for help with these special troubles over the school period.

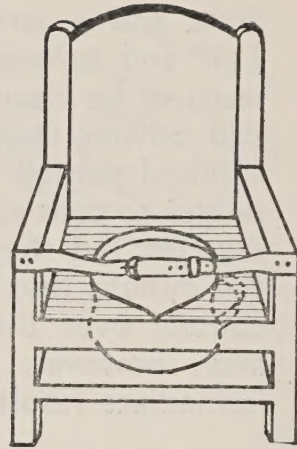


Fig 11. Suitable Lavatory Chair.



Fig 12. A Child aged One year & Six months.

Question What hope is there that the child will earn his own living?

Answer In the case of intelligent children it depends upon the age at which special treatment was started and to some extent also on the severity of his handicap. A person with cerebral palsy who has been carefully trained in movement from babyhood and who has a good intelligence can usually enter any employment he likes; but it is wiser to guide your child towards the less finely

skilled manual jobs and to educate his mind as well as his body so that he has a wider range of work to choose from. Children who begin treatment later will be much more limited in their choice of work but they may still learn to compete successfully in certain fields.

Mentally deficient children who also have cerebral palsy will anyhow need institutional care all their lives because of their mental condition, and the chance that they will become employable is very remote.

Question Will this child ever be able to marry and have normal children?

Answer Cerebral palsy is not a disease and cannot be handed on from parent to child. Adults who have overcome the cerebral palsy disability can certainly marry and have normal children. Very many of them do.

Question If parents are in difficulties when carrying out home treatment where can they go for further help?

Answer It is most unwise to go from place to place trying to get help. The fact that you have this pamphlet shows that help is already being given you. Your child's mind can only take in one way of treatment at a time and once he has started the right way he should not be stopped; otherwise he will never learn at all and you will get no satisfaction anywhere. There is a certain amount of reading matter available on this condition and you can ask about it at the Clinic if you want to read it. Some parents read and believe a lot of rubbish about medical conditions and try out all sorts of experiments. Wise and careful parents realise that a movement difficulty is not an illness and that steady training along proved helpful lines is the best treatment so far found for this trouble. Our clinic exists only to help you and your child and if you get into a difficulty we will always do our best for you; and your family doctor will help in any ordinary illness. You on your part must put into practice the advice we give you and your reward will be in seeing your child steadily grow nearer to normal month by month.

E.C.

TREATMENT SCHEME FOR "SPASTICITY"

First Stage

Routine I

- (1) Use a kitchen table covered by a blanket and a sheet. Open the window unless it is cold but see that the child is not in a draught and that he is warm enough to work, and has been to the lavatory. Big children must lie on the floor out of a draught and on a blanket.
- (2) Undress the child fully and leave his clothes in a warm place ready to put on at once when you have finished.
- (3) Straighten his body and limbs, and get him to feel the position.
- (4) With his attention on the work make him fill his chest slowly and fully with air and then slowly breathe out while tightening his abdominal muscles (but not lifting his legs).
- (5) Get him to open his mouth and put out his tongue, put it up, down, side to side. If he has difficulty hold his tongue lightly—using a clean bit of rag or paper—and move it gentle for him. Close his mouth and get him to swallow while you stroke his throat till you feel a gulp.
- (6) Make him both lift his head and put it back gently, using his abdominal muscles both ways, first tightening, then slowly letting them go again.

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TREATMENT SCHEME FOR "ATHETOSIS"

First Stage

Routine II

- (1) Use a kitchen table covered by a blanket and a sheet. Open the window unless it is cold, but see that the child is not in a draught and that he is warm enough to work, and has been to the lavatory. Big children must lie on the floor out of a draught and on a blanket.
Get him to feel secure even if you have to bolster him round with pillows at first and do not leave his side until treatment is over. If you have to go away put him carefully on the floor first—away from a too hot fire or wide open window.
- (2) Undress the child fully and leave his clothes in a warm place ready to put on at once when you have finished.
- (3) Straighten his body and limbs and get him to feel the position.

- (4) With his attention on the work make him fill his chest slowly and fully with air and then slowly breathe out while tightening his abdominal muscles (but not lifting his legs).
- (5) Teach him to get his muscles to go long. It is best to take his body as a whole first and then concentrate on one part which seems specially tense. After a few times you will notice that he has much more unwanted movement than before. This is a good sign and will lead to eventual relaxation if you persevere.
- (6) Get him to open his mouth and put out his tongue, put it up, down, side to side. If he has difficulty hold his tongue lightly—using a clean bit of rag or paper—and move it gently for him. Close his mouth and get him to swallow while you stroke his throat till you feel a gulp.
- (7) Make him both lift his head and put it back gently, using his abdominal muscles both ways, first tightening then slowly letting them go again.

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TREATMENT SCHEME FOR "ATAXIA"

First Stage

Routine III

- (1) Use a kitchen table covered by a blanket and a sheet. Open the window unless it is cold but see that the child is not in a draught and that he is warm enough to work, and has been to the lavatory. Big children must lie on the floor out of a draught and on a blanket.
- (2) Undress the child fully and leave his clothes in a warm place ready to put on at once when you have finished.
- (3) Straighten his body and limbs and get him to feel the position.
- (4) With his attention on the work make him fill his chest slowly and fully with air and then slowly breathe out while tightening his abdominal muscles (but not lifting his legs).
- (5) Sit him up over the edge of the table facing a long mirror. Support his back with your left hand and make sure that he sees himself well in the mirror from head to foot. Now help him to carry his right arm out to the side and both see and feel where it is. Go round the other side of the table and put your right hand against his back and with your left carry his left arm out sideways in the same way.

NOTES

